PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Numb er

				S FILED - PART I (Column 1) ((Column 2)		SMALL ENTITY TYPE				ER THAN Lephtity
TOTAL CLAIMS					Est.	ma Medical	R	ATE	FEE		RATE	
FOR			NUMB	NUMBER FILED		MBER EXTRA		BASIC FEE \$			R BASIC F	
TOTAL CHARGEABLE CLAIMS			3	minus 20= *				X\$ 9=			144.4	
IN	INDEPENDENT CLAIMS			minus 3 =	*			X43 =			`` 	·
М	ULTIPLE DEPI	ENDENT CLAIM	PRESENT	 	· · · · · · · · · · · · · · · · · · ·					_ 0		
* j	f the difference	e in column 1	is less than	less than zero, enter "0" in column 2			<u> </u>	45=	<u> </u>		<u></u>	
	1		•	MENDED - PART II				TAL	L			
		(Column 1		(Column 2) (Column 3)			SM	ALL	ENTITY	· OF		R TIMAN EN TITY
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER PRE	ESENT .	RA	FE.	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
NO.	Total	. 9	Minus	1. 20	-		X\$	9=		OF	X\$18=	
AME	Independent	TATION OF A	Minus	*** 5	= -		X4	=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							5 =		OR	+290=	
	·			-0.			TC ADDIT.	TAL		OR	TOTAL	
_		(Column 1)		(Column		mn 3)	AUUII.	raa L		I	AUUII. FEE	·
מ ועיבוווריים וייים		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU	R PRE	SENT TRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=		X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***	=		X43	<u></u>		OR	X86=	
	FIRST PRESE	NTATION OF M	ULȚIPLE DE	PENDENT C	LAIM [110	+	· ·	1	+2¶0=	
		•					+145			OR	+2¶U= TOTAL	
		(Colymn 1)	. • .	. 10-1	0) (0-1-		ADDIT. F		<u> </u>	OR	ADDIT, FEE	
	The second second	CLAIMS REMAINING		(Column HIGHES	1				ADDI-	·	·	ADDI-
		AFTER AMENDMENT		PREVIOUS PAID FO	SLY EXT		RATE		IONAL FEE		RATE .	TIONAL
[Total.	ŧ	Minus	**	=	V.	X\$ 9:		<u> </u>	OR	X\$18=	FEE
	ndependent	*	Minus	***				╁		ŀ		
F	IRST PRESEN	ITATION OF MU	LTIPLE DEF	PENDENT CL	AIM [X43 =	+		OR	X8 6 =	
lf U	ne entry in colum	n 1 is less than the	entry in colur	nn 2 wella "n"	In column 3 ·		+145=		•	OR	+290=	
II U	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE									OR A	TOTAL DDIT. F.EE	
The	e "Highest Numb	er Previously Paid	For" (Total or	Independent)	ls the highest r	umber for	ind in the	approp	riate box	in colur	mn 1.	